Revision: HCFA-PM-91- 4 (BPD) OMB No. 0938-
AUGUST 1991

State/Territory: North Carolina

Citation			Amount, Duration, and Scope of Services: EPSDT Services (continued)
42 CFR 441.60		___	The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.
42 CFR 440.240 and 440.250	(a)(10)		Comparability of Services
1902(a) and 1902 (a)(10), 1902 (a)(52) 1903(v), 1915(g), 1925 (b)(4), and 1932 of the Act			Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v) 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:
			(i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
			(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
			(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
		_X_	(iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

Revision: HCFA-PNI-99-3 (CMSO
JUNE 1999

State: North Carolina

Citation
42 CFR 431.51
AT-78-90
46 FR 48524
48 FR23212
1902 (a) 23
of the Act
P.L. 100-93
(section 8 (f))

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

P.L. 100-203
(Section 4113)

(b) Paragraph (a) does not apply to services furnished to an individual--

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)
of the Social Security Act
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.

Section 1932(a)(1)
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in Section 1905 (t), 1915(a) 1915(b)(1), or 1932 (a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

Revision: HCFA-PM-91-9 (MB) OMB No.:
October 1991

State/Territory: North Carolina

Citation
1902(a)(58)
1902(W)

4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

(1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102) and health insuring organizations are required to do the following:

(a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.

(b) Provide written information to all adult individuals on their policies concerning implementation of such rights;

(c) Document in the individual's medical records whether or not the individual has executed an advance directive;

(d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;

(e) Ensure compliance with requirements of State Law (whether

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statutory or recognized by the courts) concerning advance directives; and

(a) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

(2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

(a) Hospitals at the time an individual is admitted as an inpatient.

(b) Nursing facilities when the individual is admitted as a resident.

(c) Providers of home health care or personal care services before the individual comes under the care of the provider;

(d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and

(e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.

(3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

___ Not applicable. No State law or court decision exist regarding advance directives.

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: North Carolina

Citation		
	4.14	Utilization/Quality Control
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a)	A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR part 456 are met: X Directly ___ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO-- (1) Meets the requirements of 434.6(a); (2) Includes a monitoring and evaluation plan to ensure satisfactory performance; (3) Identifies the services and providers subject to PRO review; (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
1932 (c)(2) and 1902(d) of the ACT, P.L. 99-509 (Section 9431)		_X_ A qualified External Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E, each managed care organization, prepaid inpatient health plan and health insuring organization under contract except where exempted by the regulation.

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: North Carolina

Citation	4.14 Utilization/Quality Control (Continued)
42 CFR 438.356(e)	For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.
42 CFR 438.354	The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review -related activities meets the competence and independence requirements.

___ Not applicable.

Revision: HCFA-PM-91-4 (BPD) OMB No. 0938-
AUGUST 1991

State/Territory North Carolina

Citation 4.18 Recipient-Cost Sharing and Similar Charges

42 CFR 447.51
Through 447.58

(a) Unless a waiver under 42 CFR 431-55(g) applies, deductibles, coinsurance rates and co-payments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b) of the Act

(b) Except as specified in items 4.18(b)(4),(5) and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare Beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, co-payment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

Age 19
Age 20
Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

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Citation

4.18(b)(2) (Continued)

42 CFR 447.51
Through
447.58

(iii) All services furnished to pregnant women.

___ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447-53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

___ Managed Care enrollee are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

_X_ Managed Care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

Revision: HCFA-AT-84-2 (BERC)
01-84

State/Territory North Carolina

Citation
42 CFR Part 434.4
48 FR 54013

4.23 Use of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

___ Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

_X_ a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

___ a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

___ a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2

___ Not applicable

SENT BY OPC-11 # 84-04 DATED 5-7-84

P.O. ACTION DATE 3-16-84 EFF. DATE 4-1-84

OBSELETED BY _____ DATED _____

Revision: HCFA-PM-99-3 (CMSO)
June 1999

State: North Carolina

Citation

1902(a)(4)(C) of the Social Security Act
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902 (a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity under the plan that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the Social Security Act
P. L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).